

CLAIMS ONLY						Application Number <i>16/657147</i>		Filing Date			
						Applicant(s)					
* May be used for additional claims or amendments											
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		Indep	Depend	Indep	Depend	
	Indep	Depend	Indep	Depend	Indep	Depend					
1							51				
2							52				
3							53				
4							54				
5							55				
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45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
Total Indep	<i>2</i>						Total Indep				
Total Depend	<i>14</i>						Total Depend				
Total Claims	<i>16</i>						Total Claims				